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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/620,308	<b>FILING DATE</b> 07/20/2000 <b>RULE</b> -	<b>CLASS</b> 320	<b>GROUP ART UNIT</b> 2838	<b>ATTORNEY DOCKET NO.</b> 08991-031001	
<b>APPLICANTS</b> Joseph Drori, San Jose, CA ; <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/159,227 10/13/1999 <b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 09/06/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> LELAND ZACK WIESNER FISH & RICHARDSON P.C. Suite 100 2200 Sand Hill Road Menlo Park, CA 94025 <i>Fish &amp; Richardson P.C.          2200 Sand Hill Road, Suite 100          Menlo Park, CA 94025</i>					
<b>TITLE</b> Serial interface for a battery management system					
<b>FILING FEE RECEIVED</b> 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 2491

<b>SERIAL NUMBER</b> 09/620,308	<b>FILING OR 371(c) DATE</b> 07/20/2000 <b>RULE</b>	<b>CLASS</b> 375	<b>GROUP ART UNIT</b> 2631	<b>ATTORNEY DOCKET NO.</b> 08991-031001
<b>APPLICANTS</b> Joseph Drori, San Jose, CA;  <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/159,227 10/13/1999  <b>** FOREIGN APPLICATIONS *****</b>  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/06/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 16
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> XICOR, INC. 933 Murphy Ranch Road Building 4 Milpitas ,CA 95035				
<b>TITLE</b> Serial interface for a battery management system				
<b>FILING FEE RECEIVED</b> 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	